PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

10748515

										···		
,		CLAIMS A		S FILED - PART I (Column 1) (Co				SMALL ENTITY		OB	OTHER THAN SMALL ENTITY	
7	TOTAL CLAIM	21					RATE	FEE		RATE	FEE	
F	OR	<u>-</u>	NUMBER FILED		NUMBER EXTRA		BASIC FE		_	BASIC FEE	4	
T	OTAL CHARGE	EABLE CLAIMS	1 0 1	21 minus 20=		*]		X\$ 9=	9	OR		1
IN	IDEPENDÉNT (ÇLAIMS	1	3 minus 3 =				X43=	1		V00	
М	ULTIPLE DEPE	ENDENT CLAIM P		RESENT			·		1	OR		ļ
*1	f the difference	e in column 1 is	ero enter	"0" in	column 2		+145≈	7011	OR.	L		
* If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II								TOTAL	394	OR	TOTAL	
		(Column 1)		(Colum	nn 2)	(Column 3)		SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS . REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	. ADDI- TIONAL FEE
NDN	Total	*	Minus	**		= -		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X43=	*	OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
								TOTAL		- _ [TOTAL	
	(Column 1) (Column 2) (Column 3)							.DOIT. FEE (· · · · · · · · · · · · · · · · · · ·]~,	ADDIT. FEE	L
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total .	* '	Minus	44		=		X\$ 9=		OR	X\$18=	
	Independent	* .	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT C				CLAIM			+145=		OR	+290=	
								TOTAL			TOTAL	`
(Column 1) (Column 2) (Column 3)								DOIT. FEE L		1 · A	DOIT. FEE L	•
AMENDIMEN C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ST ER JSLY	PRESENT EXTRA		RATE	ADDI- FIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	4-4		Tas		X\$ 9=	7	OR	X\$18=	
	Independent	L	Minus	4-2-4-		-	-	X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3										+290= TOTAL		
((the "Highest Hun	nber Previously Paic ober Previously Paid Ser Previously Paid	d For IN THIS	SPACE to te	ess than	3, enter "3,"		DIT, FGE or the appro			DOT FEEL.	